



Buildings

OP-98 Notice/Results—Self-Certification of Plumbing, Sprinkler, Standpipe Inspection(s) & Test(s)

A copy of this completed notice must be retained for re-submission with results.

DEPT BLDGS Job No. 520236771



Scan Code ESHS7183341

1 Permit No. 520236771		Document No. 01		Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ LAA	
Borough STATEN ISLA Block 5511 Lot 105 House No 92		Street Name ELTINGVILLE BLVD			
2 Permit Applicant E-Mail: _____ Business Phone (718) 886-1595 Fax No. (347) 732-9532					
Last Name WILSON		First Name RAYMOND		M.I. _____ Business Name RITE FLOW MECHANICAL CORP	
Address 19-02 WHITESTONE		City WHITESTONE		State NY ZIP 11357 License No. 683 ☒ LMP ☐ LFSC	
3 Inspection Data Inspection/test scheduled for: 10/30/15 (mmddyy) Time: ☐ 8:00am ☐ 8:30 ☐ 9:00 ☐ 9:30 ☐ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm					
Apts and Floors: BAS,001 ☐ 1:00pm ☐ 1:30 ☐ 2:00 ☐ 2:30 ☒ 3:00 Meeting Location: FOB					

4 Notice/Result (Select one: PL, SP, SD only)																								
Systems: Plumbing (PL)						Systems: Sprinkler (SP)						Systems: Standpipe (SD)												
Inspections		Underground		Roughing		Finish		Inspections		Underground		Roughing		Finish		Inspections		Underground		Roughing		Finish		
Notice	Results	Notice	Results	Notice	Results	Notice	Results	Notice	Results	Notice	Results	Notice	Results	Notice	Results	Notice	Results	Notice	Results	Notice	Results	Notice	Results	
Sprinkler - PL	☐	☐	☐	☐	☐	☐	☐	Sprinkler - SP	☐	☐	☐	☐	☐	☐	☐	Fire Standpipe - SD	☐	☐	☐	☐	☐	☐	☐	☐
Water/Sanitary - PL	☐	☐	☒	☒	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐	☐
Storm - PL	☐	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐	☐
Gas - PL	☐	☐	☒	☒	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐	☐
Medical Gas - PL	☐	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐	☐
Tests						Tests						Tests												
Hydrostatic - PL	☐	☐	☐	☐	☐	☐		Hydrostatic - SP	☐	☐	☐	☐	☐	☐		Hydrostatic - SD	☐	☐	☐	☐	☐	☐	☐	☐
Water - Sanitary	☐	☐	☐	☐	☐	☐		Dry Pipe Valve	☐	☐	☐	☐	☐	☐		Fire Pump	☐	☐	☐	☐	☐	☐	☐	☐
Pressure - Water	☐	☐	☐	☐	☐	☐		Booster Pump	☐	☐	☐	☐	☐	☐			☐	☐	☐	☐	☐	☐	☐	☐
Water Storm	☐	☐	☐	☐	☐	☐			☐	☐	☐	☐	☐	☐			☐	☐	☐	☐	☐	☐	☐	☐
Gas	☒	☒	☒	☒	☐	☐			☐	☐	☐	☐	☐	☐			☐	☐	☐	☐	☐	☐	☐	☐
Medical Gas	☐	☐	☐	☐	☐	☐			☐	☐	☐	☐	☐	☐			☐	☐	☐	☐	☐	☐	☐	☐

Additional Information/Comments: PLEASE AUTHORIZE GAS.

☐ Submitted with minor variations, described here:

☐ Legalization ☐ Gas to Gas Appliance Direct Replacement ☐ Remove/Cap ☐ Detention ☐ Drywell/Retention

5 Gas Meters/Risers Data (Check all applicable to this inspection. Include gas usages for each listed meter(s)/riser(s)) ☒ Gas requested for listed meters and risers

No. of Meters: **2** Location(s) (Floor/Apt.): **BAS** No. of Risers: **2** Location(s) (Floor/Apt.): **BAS,001** ☐ Welded Gas Piping

Gas usage: ☒ Heat ☐ Boiler Pilot for oil burner ☒ Water Heater ☒ Dryer

☒ Cooking ☐ Tankless Coil ☐ HVAC ☐ Fire Place ☐ Other (describe): _____

6 Certifying Applicant E-Mail: _____ Business Phone (718) 886-1595 Fax No. (347) 732-9532

Last Name **WILSON** First Name **RAYMOND** M.I. _____ Business Name **RITE FLOW MECHANICAL CORP**

Address **19-02 WHITESTONE** City **WHITESTONE** State **N** ZIP **11357** License No. **683** ☒ LMP ☐ LFSC ☐ P.E. ☐ R.A.

7 Applicant Statements and Signatures ☐ All Comments resolved, review for sign-off ☐ All required back-up documents attached

I certify the statements herein are correct and comply with the NYC Building code. I meet the requirements of the NYC Building code as they relate to the experience requirements set forth for gas tests. I realize falsification of any statement is a misdemeanor under §28-211.1 of the Administrative Code punishable by a fine or imprisonment or both and may result in removal from participation in the self-certification program and/or disciplinary action by the Licensed Master Plumber or Licensed Fire Suppression Piping Contractor License Board.

Print Name of Certifying Applicant RAYMOND WILSON	SEAL	Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC) RAYMOND WILSON	SEAL
Signature 		Signature 	
Date 11-02-2015		Date 11-02-2015	

Reviewed by: MS, **Date:** 11/2, **Entered by:** S, **R.S.O. by:** _____, **S/O by:** _____